

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-010144

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 360 Primary Registration District No. 6212 Registrar's No. 31

FILED FEB 26 1963

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bacon Township</u>		c. CITY OR TOWN <u>Harwood</u>	
Length of stay in 1b <u>4 years</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>At Home</u>		d. STREET ADDRESS (If outside, give location) <u>Harwood</u>	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>Junior</u> Last <u>Solomon</u>			4. DATE OF DEATH Month <u>2</u> Day <u>15</u> Year <u>63</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10/1/1932</u>	9. AGE (last birthday) <u>30</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Plasterer's helper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Contracting</u>		11. BIRTHPLACE (City and state or country) <u>Augusta, Kansas</u>	
12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>		13a. FATHER'S NAME <u>John Henry Solomon</u>		13b. MOTHER'S MAIDEN NAME <u>Lydia Cordelia Starkey</u>	
14. NAME OF HUSBAND OR WIFE <u>Bettie Sue Solomon</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) <u>Yes</u> <u>Korean</u>		16. SOCIAL SECURITY NO. <u>385</u>	
17. INFORMANT <u>Bettie Sue Solomon</u>		18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY <u>Myocardial infarction</u> <u>coronary occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH	

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>11</u> a.m. <u>0</u> p.m. <u>0</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION <u>Harwood</u>		COUNTY <u>Vernon</u>		STATE <u>Mo.</u>	
21. I attended the deceased from <u>9/7/61</u> to <u>2/15/63</u> and last saw him alive on <u>2/6/62</u>		Death occurred at <u>11</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
22a. SIGNATURE (Degree or title) <u>Robert L. Snagge M.D.</u>		22b. ADDRESS <u>El Dorado Springs, Mo.</u>		22c. DATE SIGNED <u>2/16/63</u>	

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>2/18/1963</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Flat Rock Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Schell City, Vernon, Mo.</u>		24. FUNERAL DIRECTOR <u>Lewis &amp; Son</u>		25. DATE RECD. BY LOCAL REG. <u>2-21-1963</u>	
26. REGISTRAR'S SIGNATURE <u>Anna E. Jarry</u>		(Licensed Embalmer's Statement on Reverse Side)			

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

VS 300  
Rev. 4/59

DATE AMENDED

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FEB 27 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*John G. Lewis*

Licensed Embalmer No.

*4774*

P. O. Address

*Schell City*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.